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Case Docket No. XXT-093

THE ASSISTANT COMMISSIONER FOR PATENTS
Box Patent Application
Washington, D.C. 20231

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I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Signature

Viriato G. Cardoso

Please Print Name of Person Signing

jc815 U.S. PTO
09/767976
01/23/01

Sir:

Transmitted herewith for filing is the patent application of

BEST AVAILABLE COPYInventor(s): **Sudhendu Rai and Samaresh C. Maitra**

For: **METHOD FOR DETERMINING OPTIMAL BATCH SIZES
FOR PROCESSING PRINT JOBS IN A PRINTING ENVIRONMENT**

Enclosed are:

- ☐ This is a request for filing a ☐ continuation ☐ divisional application under 37 CFR 1.53(b), of pending prior application serial no. _____ filed on _____ entitled _____.
- ☒ 7 pages of specification, 3 pages of claims, 1 pages of abstract.
- ☒ 6 sheets of drawings (Figures 1-6).
- ☒ An executed Declaration, Petition and Power of Attorney.
- ☒ An assignment of the invention to Xerox Corporation. A recordation form cover sheet (Form PTO 1595) is also enclosed.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 37 C.F.R. 1.27.
- ☐ Other _____

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE	////////////////////	
TOTAL CLAIMS	20 - 20	= 0
INDEP. CLAIMS	4 - 3	= 1
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference in Col. 2 is less than zero,
enter "0" in Col. 2.

SMALL ENTITY	
RATE	FEE
////////	\$
x 9=	\$
x 40	\$
+135	\$
TOTAL	0

OTHER THAN SMALL ENTITY	
RATE	FEE
////////	\$ 710
x 18=	\$ 0
x 80	\$ 80
+270	\$
TOTAL	\$790.00

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A duplicate copy of this sheet is enclosed.
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- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. ____.
A duplicate copy of this sheet is enclosed.

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